



# Drug Monitor

## Does NSAID Use Affect FOB Results?

Does regular use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) cause false-positive results in fecal occult blood (FOB) tests? Apparently not, according to researchers from the Richard A. Roudebush VA Medical Center, Indiana University Medical Center, and The Regenstrief Institute, Inc., all in Indianapolis, IN.

In their study of 193 veterans referred for colonoscopy after a positive FOB test, the researchers found that those who took at least one daily dose of aspirin or other NSAIDs at least three days per week were as likely as those who did not to have colonoscopic findings that could explain a positive result. The prevalence of colonoscopic (true-positive) findings was 21% among the regular NSAID users (29 of 135 patients), and 19% among those who were not regular users (11 of 58 patients).

The lack of association between NSAID use and colonoscopic findings per-

sisted even after adjustment for such factors as age, body mass index, family history of colorectal cancer, and use of proton pump inhibitors or histamine-2 receptor antagonists. Even higher aspirin doses (325 to 1,250 mg/day) were found to be unrelated to the likelihood of explanatory colonoscopic findings.

Source: *Am J Med.* 2004;117:837-841.

## Pioglitazone and Edema

Because they're known to induce pulmonary edema (PE) in patients with left ventricular (LV) dysfunction, thiazolidinediones are contraindicated in patients with New York Heart Association class III or IV heart failure (HF). Physicians from Stanford University Medical Center, Stanford, CA, however, describe two patients with normal LV function and no history of HF who developed HF and PE within one month of starting pioglitazone therapy—a situation that hasn't been reported widely.

Both patients were in their 70s and had diabetes and hypertension. The first

patient also had chronic obstructive pulmonary disease and chronic renal insufficiency. Both began with a pioglitazone dosage of 15 mg/day, but the first patient's dosage was increased to 45 mg/day while the second patient's remained unchanged. The patients developed peripheral edema and paroxysmal nocturnal dyspnea over the course of three weeks.

On physical examination, the first patient was found to have bibasilar rales, 2+ bilateral pitting edema extending to his knees, and a creatinine level of 1.7 mg/dL. The second patient showed jugular venous distention, bilateral rales, and 3+ pitting edema extending to her thighs. In both cases, chest X-ray showed interstitial edema but echocardiography showed normal LV function.

After pioglitazone discontinuation and diuretic treatment, the patients' symptoms resolved—and at six-month follow-up, they had not returned.

These two cases suggest a broader population at risk for thiazolidinedione-associated adverse effects, the physicians say. They

advise close follow-up when prescribing these drugs—especially if other factors (such as advanced age, certain concurrent medications, or chronic renal insufficiency) increase the risk of fluid retention.

Source: *Am J Med.* 2004;117:973-974 [research letter].

## Adalimumab for Resistant Crohn Disease

Although infliximab is highly effective against Crohn disease (CD), some patients stop responding to it over time. Researchers from Cedars-Sinai Medical Center, Los Angeles, CA hypothesized that, though both adalimumab and infliximab inhibit tumor necrosis factor- $\alpha$ , the former might be effective when the latter was no longer working.

They recruited 15 patients with active CD who had developed an attenuated response to infliximab and switched them to adalimumab for six months. Patients received a loading dose of adalimumab 80 mg SC, followed by 40 mg every two weeks. Over the course of

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the study, the maintenance dose was increased to 80 mg every two weeks in three patients, 80 mg every week in two patients, and 120 mg every two weeks in one patient.

Of the 13 patients with adequate follow-up, seven (54%) had a complete response and four (31%) had a partial response. Eight (73%) of 11 patients taking concurrent corticosteroids were able to stop or significantly reduce these drugs. Adalimumab was well tolerated, though two patients developed an injection site reaction.

At present, adalimumab is indicated only for rheumatoid arthritis. A multicenter study, however, is investigating its use against CD in infliximab-naïve patients. Based on the results of the present study, the researchers call for larger studies to confirm its efficacy as a salvage CD therapy. ●

Source: *Am J Gastroenterol*. 2005;100:75-79.

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## SOUND OFF

In next month's issue, look for our first installment of Sound Off, which will feature responses to our question: "Who is your health care hero and why?" In the meantime, get a jump on our next installment and send us your response to the following prompt:

### *Describe your most memorable patient.*

Responses should be 100 to 200 words (please omit patient names) and should be received by **June 6, 2005**. Include your name, telephone number, mailing address, and e-mail address. (We will withhold your name at your request.) All responses are subject to editing for length and clarity. Due to space constraints, we regret that we cannot publish all responses we receive.

E-mail your response to: [fedprac@qhc.com](mailto:fedprac@qhc.com)  
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